



DERMATOLOGY LTD

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICES

Read before signing the Acknowledgement and Consent

Notice of Privacy Practices: Dermatology, Ltd. has a Notice of Privacy Practices, which describes how we may use and disclose your protected health information and how you can access your protected health information and exercise other rights concerning your protected health information. You may review our current notice prior to signing this acknowledgment and consent.

Notice of Financial Policy: Dermatology, Ltd. has a Financial Policy for patients. You may review our current Financial Policy prior to signing the acknowledgment and consent.

We reserve the right to change our Notice of Privacy Practices and Financial Policy. Copies of revised versions of these documents will be available at the reception desk and online at dermatologyltd.com.

I have read and understand the Notice of Privacy Practices and the Financial Policy for Dermatology, Ltd.

Patient Name: _____ **Patient DOB:** _____

X _____
Signature of Patient or Personal Representative

Date: _____

Personal Representative Information (if applicable):

Name of Personal Representative

Relationship to Patient (or other authority)